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CONFIRMATION NO. 6437

<b>SERIAL NUMBER</b> 10/531,324	<b>FILING OR 371(c) DATE</b> 12/20/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1624	<b>ATTORNEY DOCKET NO.</b> MAK/102/PC/US
<b>APPLICANTS</b> Theodora Calogeropoulou, Attiki, GREECE; Maria Koufaki, Athens, GREECE; Nikolaos Avlonitis, Attiki, GREECE; Alexandros Makriyannis, Watertown, MA;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/34225 10/29/2003 which claims benefit of 60/422,383 10/30/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> GREECE	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 22
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 002543				
<b>TITLE</b> Antiprotozoal ring-substituted phospholipids				
<b>FILING FEE RECEIVED</b> 415	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	